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10 May 2001

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231  
U.S.A.

Dear Sir/Madam:

Re: United States Provisional Patent Application No. 60/232,425  
Filing Date: 14 September 2000  
Title: CXCR4 AGONIST TREATMENT OF HEMATOPOIETIC CELLS  
Applicants: SALARI, Hassan; MERZOUK, Ahmed; SAXENA, Geeta; EAVES, Connie; CASHMAN, Johanne; and CLARK-LEWIS, Ian

Enclosed please find a copy of the Filing Receipt which has issued for the above-referenced application. We note that the fifth and sixth inventors, who were listed on page two of the Provisional Patent Application Cover Page (a copy of which is also enclosed for your convenience), were not listed on the Filing Receipt. We respectfully request the issuance of a Corrected Filing Receipt for this application with inventors CASHMAN and CLARK-LEWIS added.

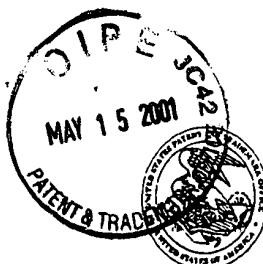
Respectfully submitted,

SMART & BIGGAR



Brian G. Kingwell  
Registration No. 39,482

BGK:seb  
Enclosures



## UNITED STATES PATENT AND TRADEMARK OFFICE

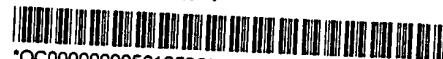
COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
60/232,425	09/14/2000	75		800021-227	1		

22502

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BOX 11560 VANCOUVER CENTRE  
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VANCOUVER, BC V4A1T5  
CANADA

## FILING RECEIPT



\*OC00000005610536\*

Date Mailed: 12/11/2000

Y  
D  
C  
COPY  
Receipt is acknowledged of this provisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Hassan Salari, Vancouver, CANADA;  
Ahmed Merzouk, Vancouver, CANADA;  
Geeta Saxena, Vancouver, CANADA;  
Connie Eaves, Vancouver, CANADA;  
Johanne Cashman, Vancouver, CANADA;  
Jan Clark-heinis, Vancouver, CANADA;  
Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 12/10/2000

\*\* SMALL ENTITY \*\*

## Title

CXCR4 agonist treatment of hematopoietic cells

## Preliminary Class

Data entry by : SNEED, LISA

Team : OIPE

Date: 12/11/2000



Please type a plus sign (+) inside this

→

**COPY**

Docket Number:

80021-227

## PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Small Entity)

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

### INVENTOR(S)/APPLICANT(S)

Given Name (first and middle if any)	Family Name or Surname	Residence (City and either State or Foreign Country)
Hassan	SALARI	Vancouver, Canada
Ahmed	MERZOUK	Vancouver, Canada
Geeta	SAXENA	Vancouver, Canada
Connie	EAVES	Vancouver, Canada

Additional inventors and TRADEMARK OFFICE are being named on page 2 attached hereto

### TITLE OF THE INVENTION (280 characters max)

CXCR4 AGONIST TREATMENT OF HEMATOPOIETIC CELLS

### CORRESPONDENCE ADDRESS

Direct all correspondence to:

Customer Number  →

OR

Firm or Individual Name  
Address  
Address  
City  State  ZIP   
Country  Telephone  Fax

### ENCLOSED APPLICATION PARTS (check all that apply)

Specification Number of Pages   Small Entity Statement  
 Drawing(s) Number of Sheets   Other (specify)

### METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)

A check or money order is enclosed to cover the filing fees  
 The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:  FILING FEE AMOUNT (\$)

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

No.

Yes, the name of the U.S. Government agency and the Government contract number are: \_\_\_\_\_

Respectfully submitted,

SIGNATURE \_\_\_\_\_

Date

TYPED or PRINTED NAME

REGISTRATION NO.   
(if appropriate)

TELEPHONE \_\_\_\_\_

**USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT**

**SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231**

**PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Small Entity)**

INVENTOR(S)/APPLICANT(S)		
Given Name (first and middle [if any])	Family Name or Surname	Residence (city and either State or Foreign Country)
Johanne Ian	CASHMAN CLARK-LEWIS	Vancouver, Canada Vancouver, Canada

**Certificate of Mailing by Express Mail**

I certify that this application and enclosed fee is being deposited on [redacted] with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

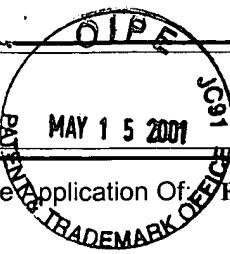
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*Typed or Printed Name of Person Mailing Correspondence*

*"Express Mail" Mailing Label Number*

**USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT****SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231**

9200/100GP



**TRANSMITTAL LETTER  
(General - Patent Pending)**

Docket No.  
40655.5050

In Re Application Of: Fife, et al.

Serial No.  
60/237,851

Filing Date  
October 4, 2000

Examiner  
TBA

Group Art Unit  
TBA

**Title: SYSTEM AND METHOD FOR PROVIDING VISUAL FEEDBACK IN AN INTERACTIVE PAYMENT  
SYSTEM**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is:

**Power of Attorney**

in the above identified application.

- No additional fee is required.
- A check in the amount of \_\_\_\_\_ is attached.
- The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 19-2814 as described below. A duplicate copy of this sheet is enclosed.
  - Charge the amount of \_\_\_\_\_
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  - Charge any additional fee required.

Dated: May 9, 2001

Howard I. Sobelman, Esq.

Reg. No. 39,038

Snell & Wilmer, L.L.P.

One Arizona Center

Phoenix, AZ 85004-2202

Phone: (602) 382-6228

I certify that this document and fee is being deposited on May 9, 2001 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Sandra K. Fischer*  
Signature of Person Mailing Correspondence

Sandra K. Fischer

Typed or Printed Name of Person Mailing Correspondence

CC:

9200/11060

O I P E J C I S  
M A Y 1 5 2 0 0 1  
P A T E N T & T R A D E M A R K O F F I C ETRANSMITTAL LETTER  
(General - Patent Pending)Docket No.  
40655.5450

In Re Application Of: Steven Weiner

Serial No.  
60/237,265Filing Date  
October 2, 2000Examiner  
TBAGroup Art Unit  
TBA

Title: SYSTEM AND METHOD FOR UTILITY METER SWIPECARD

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**Power of Attorney**

in the above identified application.

No additional fee is required.

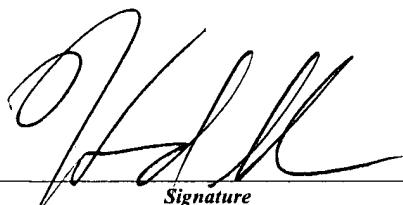
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The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 19-2814 as described below. A duplicate copy of this sheet is enclosed.

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Charge any additional fee required.



Signature

Dated: May 9, 2001

Howard I. Sobelman, Esq.

Reg. No. 39,038

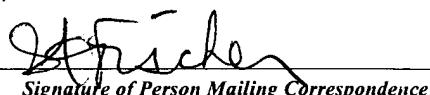
Snell &amp; Wilmer, L.L.P.

One Arizona Center

Phoenix, AZ 85004-2202

Phone: (602) 382-6228

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Signature of Person Mailing Correspondence

Sandra K. Fischer

Typed or Printed Name of Person Mailing Correspondence

CC:

9200/MO GP

MAY 15 2001

TRANSMITTAL LETTER  
(General - Patent Pending)Docket No.  
40655.4950

In Re Application Of: Shirley Provinse

Serial No.  
60/228,236Filing Date  
August 25, 2000Examiner  
TBAGroup Art Unit  
TBA

Title: SYSTEM AND METHOD FOR ACCOUNT RECONCILIATION

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**Power of Attorney by Assignee**

in the above identified application.

No additional fee is required.

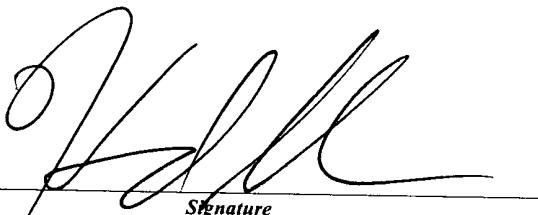
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Charge any additional fee required.



Dated: May 9, 2001

Howard A. Sobelman, Esq.  
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Phone: (602) 382-6228

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Signature of Person Mailing Correspondence

Sandra K. Fischer

Typed or Printed Name of Person Mailing Correspondence

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